

**APPLICATION TO BE AN APPROVED PROVIDER
OR AFFILIATE PROVIDER OF
SEX OFFENDER OUTPATIENT SERVICES
FOR THE UTAH DEPARTMENT OF CORRECTIONS**

Name: _____ **Date:** _____

Agency/Clinic affiliation (if any): _____

Agency/business owner: _____

Agency address: _____

City, State and Zip code: _____

Telephone: _____

Email: _____

Please indicated status sought below (check one):

- ☐ — Approved Provider
- ☐ — Approved Affiliate Provider
- ☐ — Approved Evaluator

Applicants for all positions should agree/submit the following:

- Read and agree to Utah Department of Corrections' Sex Offender Outpatient Treatment Provider Parameters
- Enclose a complete program description
- Submit a completed, notarized application for Approved Provider/Affiliate Provider/Evaluator status

— Enclose an approved Provider/Affiliate/Evaluator Agreement

Note: An applicant seeking to be an approved evaluator only must be a psychologist in compliance with APA ethics and standards and may skip numbers 3 through 5 below.

1. **Licensure:** _____
(attach a photo copy of your current Utah license (s).

2. **Educational background (graduated status only):**

3. **Non-licensed Affiliate candidates:** Attach copies of a current graduate student university transcript and/or an internship transcript or other official documentation from your university clearly documenting your status.

4. **Affiliate applicants:** Attach copies of a current graduate student university transcript and/or an internship transcript or other official documentation from your university clearly documenting your status.

5. **Approved provider only:** Please indicate treatment and evaluation experience below. Hours of direct clinical experience over the past three years should include a minimum of 1500 hours with 375 hours of sex offender evaluation. This should be direct evaluation experience such as: supervision exclusively focused on sex offender assessment or evaluation; progress reports; progress interviews; administration and/or interpretation of risk assessment instruments; PPG; and other psychological or sex-specific testing used in a psycho-sexual evaluation. **Note:** Source documentation must be available for inspection upon request. Also: progress notes and clinical staff meetings will not be included as sex offender evaluation experience.

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6. Within the three years immediately preceding an application to be approved as a sex offender treatment provider, the applicant must have at least 40 hours of formal training through documented conferences, symposia, seminars or course work **directly related to the evaluation and treatment of sex offenders**. This training may include: behavioral/cognitive therapy methods; reconditioning and relapse prevention; use of plethysmograph examinations (the exam should use audio stimuli only, no visual, until approved otherwise); use of polygraph examinations; group therapy; sexual dysfunction; victimology; couples and family therapy; risk assessment; sexual addiction; sexual deviancy; and ethics and professional standards. Thirty of these 40 hours must be specific to sex offender treatment.

Please detail date; credit hours; subject; and instructor for each training session that meets the above criteria. Attach records/certificates documenting training, where available.

SEX OFFENDER SPECIFIC TRAINING:

DATE	CEU's	SUBJECT	INSTRUCTOR CREDENTIALS

TOTAL SEX OFFENDER CEU'S: _____

GENERAL CLINICAL TRAINING:

DATE	CEU's	SUBJECT	INSTRUCTOR CREDENTIALS

TOTAL GENERAL CLINICAL TRAININGS (10 HOURS MAY BE APPLIED TO THE 40 HOURS OF REQUIRED TRAINING):

Note: Please attach verification of formal training.

7. Please attach a complete description of your treatment program, clearly identifying the intake, standard and intensive components of treatment and aftercare.

8. Please list any criminal convictions, licensing actions, ethical questions or complaints:

9. Affiliate Provider candidates should complete sections **A** and **B**. **Providers** proceed to question 10.

A. Name of Approved Provider supervising work:

B. Please have your Approved Provider read and sign the following statement:

I certify that I am an Approved Provider for Outpatient Sex Offender Treatment for offenders under the supervision of the Utah Department of Corrections, Division of Adult Probation and Parole, and have read and understand the criteria adopted by the Department. I further certify that I will provide a minimum of one hour of supervision for every 40 hours of direct client contact the Affiliate Provider provides. Furthermore, I shall provide verification of this supervision to the Department upon request.

_____/_____
Approved Provider Signature Date

_____/_____
Affiliate Provider Applicant signature Date

10. I hereby declare under the penalty of perjury that the information I have provided in this application is true and correct and that I have fully satisfied the sex offender treatment experience and training requirements of the position for which I am applying and as outlined above.

DATED this _____ (day), _____ (month, _____ (year).

Applicant's signature:

Applicant's full name (printed):

SUBSCRIBED AND SWORN to before me on this DATE _____
(day), _____ (month), _____ (year).

NOTARY PUBLIC

Residing in:

My Commission expires: